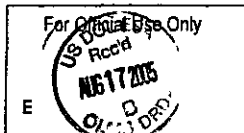


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9364	2 Fiscal Year Covered From 7 / 1 / 2003 Through 6 / 30 / 2004
3 Name and address of person filing Name RUSS WILSON P O Box, Bldg , Room No , if any Street 555 HORACE BROWN DRIVE City MADISON HEIGHTS State Michigan ZIP Code + 4 48071	4 Name, file number, and address of labor organization Name PLUMBERS LOCAL 98 Labor Organization File Number 005-131 P O Box, Building and Room Number, if any Street 555 Horace Brown Drive City Madison Heights State Michigan ZIP Code + 4 48071
5 Position in labor organization BUSINESS AGENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests -
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg Room No , if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Russ Wilson</u>	On <u>08/11/2005</u> Date	<u>248-307-9800</u> Telephone Number

Name of Person Filing RUSS WILSON	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name Plumbers Local 98</p> <p>Trade Name if any Plumber</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street 555 Horace Brown Drive</p> <p>City Madison Heights</p> <p>State Michigan ZIP Code + 4 48071</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount</p>

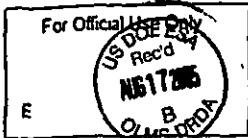
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <p>TO THE BEST OF MY KNOWLEDGE THERE IS NOTHING I CAN RECALL REGARDING MY ACTIVITIES FOR THE GIVEN PERIOD IF ANYTHING COMES TO MY ATTENTION I WILL AMMEND THIS FILING</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9365</u>	2 Fiscal Year Covered From. <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>John</u> <u>A</u> <u>Winfield</u> P O Box, Bldg, Room No, if any _____ Street <u>155 Laurel Street</u> City <u>Melrose</u> State <u>MA</u> ZIP Code + 4 <u>02176-4121</u>	4 Name, file number, and address of labor organization Name <u>New England Regional Council of Carpenters</u> Labor Organization File Number <u>540-823</u> P O Box, Building and Room Number, if any _____ Street <u>803 Summer Street</u> City <u>South Boston</u> State <u>MA</u> ZIP Code + 4 <u>02127-1616</u>
5 Position in labor organization. <u>District Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ 7 b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>John A. Winfield</u>	On <u>08-11-2005</u> Date	<u>(617) 438-7984</u> Telephone Number

Name of Person Filing John A. Winfield	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>Mass State Carpenters Benefits Fund</u></p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>350 Fordham Road</u></p> <p>City <u>Wilmington</u></p> <p>State <u>MA</u> ZIP Code + 4 <u>01887-2161</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10. If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing</p> <p><u>Union collective bargaining requires employer contributions.</u></p> <p><u>John A. Winfield, Trustee to Fund</u></p> <p>11 b Approximate dollar value of such dealing <u>0</u></p> <p>12 a Nature of interest held or income received</p> <p><u>05-24-2004 - 05-25-2004 Investment Retreat</u></p> <p><u>\$703.40 Date paid 06-23-2004</u></p> <p><u>12-20-2004 Trustee Luncheon meeting \$70.50</u></p> <p>12 b Amount <u>\$773.90</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p><u>N/A</u></p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b Amount of payment <u>0</u></p>

NEW ENGLAND REGIONAL COUNCIL OF CARPENTERS, AFL-CIO
United Brotherhood of Carpenters and Joiners of America

90 BRAINTREE STREET
ALLSTON, MA 02134



TELEPHONE (617) 254-1655
FAX (617) 783-5554

JOHN A WINFIELD
REGIONAL COUNCIL REPRESENTATIVE

MILLWRIGHTS
LOCAL UNION 1121

JAMES P DALTON
REGIONAL COUNCIL REPRESENTATIVE



August 11, 2004

To Whom It May Concern

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items may have been unintentionally omitted. If I subsequently learn of a transaction or interest that should have been reported for that time period, I will file an amended form LM-30

Yours truly,

John A Winfield
District Business Manager

JAW/sc